

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	OPTICAL SYSTEM AND METHOD FOR USE IN PROJECTION SYSTEMS
Attorney Docket Number::	ZALEVSKY5
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	16
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Zeev

Middle Name::  
Family Name:: ZALEVSKY  
Name Suffix::  
City of Residence:: Rosh HaAyin  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 1 HaChermon Street  
City of Mailing Address:: Rosh HaAyin  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 48560  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Yuval  
Middle Name::  
Family Name:: KAPELLNER  
Name Suffix::  
City of Residence:: Bat Yam  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 2/2 Hadadi Street  
City of Mailing Address:: Bat Yam  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 59513  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Izhar  
Middle Name::  
Family Name:: EYAL  
Name Suffix::

City of Residence:: Bat Yam  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 7 Shlomo Ben Yosef Street  
 City of Mailing Address:: Bat Yam  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address:: 59402  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Israel  
 Status:: Full Capacity  
 Given Name:: Golan

Middle Name::  
 Family Name:: MANOR  
 Name Suffix::

City of Residence:: Tel Aviv  
 State or Province of Residence::  
 Country of Residence:: Israel  
 Street of Mailing Address:: 21 Peretz-Hayut Street  
 City of Mailing Address:: Tel Aviv  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Israel  
 Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL04/000951	10-17-04
PCT/IL04/000951	Appln claiming benefit of 35 USC 119(e)	60/514,734	10-17-03

Country::                      Application Number::      Filing Date::      Priority Claimed::

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Assignee Name::	EXPLAY LTD.
Street of Mailing Address::	16 Abba Even Blvd., P.O. Box 12587, Hertzliya Pituach
City of Mailing Address::	Hertzliya
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	46733

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Country of Mailing Address::	Israel
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